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JC691 U.S. PTO

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PTO/SB/50 (08-00)
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PTO
09/689757
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	030681-032
First Named Inventor	ChuI-woo Lee
Original Patent Number	5,822,135
Original Patent Issue Date (Month/Day/Year)	10-13-98
Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(Check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- ☐ Original U.S. Patent for surrender
- ☐ Ribbonded Original Patent Grant
- ☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- Other:

15. CORRESPONDENCE

☐ Customer Number or Bar Code Label

21839
(Insert Customer No. or Bar Code Label here)

or ☐ Correspondence address below

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Signature	<i>Charles F. Wieland III</i>	Date	10/13/00

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 030681-032		
Claims as Filed - Part 1							
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 26	Total Claims (37 CFR 1.16(i))	(B) 40	**** 14 =	x \$	=	or	x \$ 18. = \$ 252.00
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 6	. 5 =	x \$	=		x \$ 80. = \$ 400.00
				Basic Fee (37 CFR 1.16(h))			\$ 710.00
				Total Filing Fee		OR	\$ 1,362.00

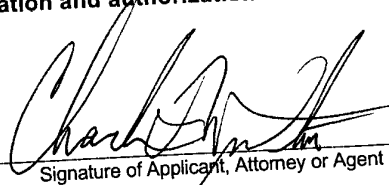
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	=	x \$	=	x \$	=
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=	x \$	=
					Total Additional Fee		OR	\$

- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
*** After any cancellation of claims.
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.
☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-4800.
A duplicate copy of this sheet is enclosed.
☒ A check in the amount of \$ 1,362.00 to cover the filing / additional fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

10/13/00
Date


Signature of Applicant, Attorney or Agent of Record

Charles F. Wieland III
Typed or printed name
(Reg. No. 33,096)